# Tammany Veterinary Hospital



1014 Eastside Highway, Corvallis, MT 59828

406-961-1321

# NEW CLIENT FORM

*Thank you for giving us the opportunity to care for your animal.*

*So that we may become better acquainted, please complete the following:*

**CLIENT INFORMATION** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Co-Owner’s Name

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Co-Owner’s Work Phone

Place Of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Time To Reach You

E-Mail Address

How did you become aware of our clinic? Drove by\_\_ Yellow Pages\_\_ Web Site\_\_ Previous Client\_\_ Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | # 1 | # 2 | #3 | # 4 |
| NAME |  |  |  |  |
| BREED |  |  |  |  |
| AGE |  |  |  |  |
| COLOR |  |  |  |  |
| SEX |  |  |  |  |
| VACCINATION HISTORY | | | | |
| TETANUS |  |  |  |  |
| WEST NILE |  |  |  |  |
| ENCEPHALOMYELITIS |  |  |  |  |
| RHINO |  |  |  |  |
| FLU |  |  |  |  |
| FECAL |  |  |  |  |

 Personal Recommendation *(Whom may we thank?)*

Our animal is: Backyard pet Performance Working Horse Companion to other horses

How do you use your horse? Trail Ride Alone : Trail Ride with a Group : Competition Locally or in Circuit : Reproduction

**All Fees Are Due At Time Services Are Rendered**

Please indicate choice of payment. Cash / Check Visa MasterCard Discover American Express

A deposit is required on all hospitalized animals and the balance is due when your animal is released from the hospital. You must be over eighteen years of age to authorize treatment.

I understand and agree that should I default on payment of my account and it is required to pursue collections, all costs of collections, including attorney’s fee, court costs, and collection agency fees that may be up to 50% of the amount owed, will be added to the balance of my account. Interest will accrue on all past due balances at the rate of 10% per annum.

I have read and understand your Financial Policy.

Responsible Party Date Staff Member Date

Revised: 9/16